

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5		1				
6		2				
7		1				
8		2				
9		2				
10		1				
11		1				
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50						
TOTAL IND.	9					
TOTAL DEP.	17					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						